

113TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To reauthorize certain provisions of the Public Health Service Act relating to autism, and for other purposes.

---

IN THE SENATE OF THE UNITED STATES

---

Mr. MENENDEZ (for himself and Mr. ENZI) introduced the following bill;  
which was read twice and referred to the Committee on

---

**A BILL**

To reauthorize certain provisions of the Public Health Service Act relating to autism, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Autism Collaboration,  
5       Accountability, Research, Education, and Support Act of  
6       2014” or the “Autism CARES Act of 2014”.

7       **SEC. 2. NATIONAL AUTISM SPECTRUM DISORDER INITIA-**  
8       **TIVE.**

9       (a) IN GENERAL.—The Secretary of Health and  
10      Human Services shall designate an existing official within

1 the Department of Health and Human Services to oversee,  
2 in consultation with the Secretaries of Defense and Edu-  
3 cation, national autism spectrum disorder research, serv-  
4 ices, and support activities.

5 (b) DUTIES.—The official designated under sub-  
6 section (a) shall—

7 (1) implement autism spectrum disorder activi-  
8 ties, taking into account the strategic plan developed  
9 by the Interagency Autism Coordinating Committee  
10 under section 399CC(b) of the Public Health Service  
11 Act (42 U.S.C. 280i–2(b)); and

12 (2) ensure that autism spectrum disorder activi-  
13 ties of the Department of Health and Human Serv-  
14 ices and of other Federal departments and agencies  
15 are not unnecessarily duplicative.

16 **SEC. 3. RESEARCH PROGRAM.**

17 Section 399AA of the Public Health Service Act (42  
18 U.S.C. 280i) is amended—

19 (1) in subsection (a)(1), by inserting “for chil-  
20 dren and adults” after “reporting of State epidemio-  
21 logical data”;

22 (2) in subsection (b)(1)—

23 (A) by striking “establishment of regional  
24 centers of excellence” and inserting “establish-

1           ment or support of regional centers of excel-  
2           lence”; and

3                   (B) by inserting “for children and adults”  
4           before the period at the end;

5           (3) in subsection (b)(2), by striking “center to  
6           be established” and inserting “center to be estab-  
7           lished or supported”; and

8           (4) in subsection (e), by striking “2014” and  
9           inserting “2019”.

10 **SEC. 4. AUTISM INTERVENTION.**

11       Section 399BB of the Public Health Service Act (42  
12 U.S.C. 280i–1) is amended—

13           (1) in subsection (b)(1), by inserting “culturally  
14           competent” after “provide”;

15           (2) in subsection (c)(2)(A)(ii), by inserting  
16           “(which may include respite care for caregivers of  
17           individuals with an autism spectrum disorder)” after  
18           “services and supports”;

19           (3) in subsection (e)(1)(B)(v), by inserting be-  
20           fore the semicolon the following: “, which may in-  
21           clude collaborating with research centers or networks  
22           to provide training for providers of respite care (as  
23           defined in section 2901)”;

24           (4) in subsection (f), by striking “grants or  
25           contracts” and all that follows through “for indi-

1       vidual with” and inserting “grants or contracts,  
2       which may include grants or contracts to research  
3       centers or networks, to determine the evidence-based  
4       practices for interventions to improve the physical  
5       and behavioral health of individuals with”; and

6               (5) in subsection (g), by striking “2014” and  
7       inserting “2019”.

8       **SEC. 5. INTERAGENCY AUTISM COORDINATING COM-**  
9               **MITTEE.**

10       Section 399CC of the Public Health Service Act (42  
11       U.S.C. 280i-2) is amended—

12               (1) in subsection (b)—

13                       (A) in paragraph (1)—

14                               (i) by striking “and annually update”;

15                               and

16                               (ii) by striking “intervention” and in-  
17                               serting “interventions, including school and  
18                               community-based interventions”;

19                       (B) by striking paragraph (2);

20                       (C) by redesignating paragraph (1) as  
21       paragraph (2), and inserting before such redes-  
22       ignated paragraph the following:

23               “(1) monitor autism spectrum disorder re-  
24       search, and to the extent practicable services and  
25       support activities, across all Federal departments

1 and agencies, including coordination of Federal ac-  
2 tivities with respect to autism spectrum disorder;”;

3 (D) in paragraph (3), by striking “rec-  
4 ommendations to the Director of NIH”;

5 (E) in paragraph (4), by inserting before  
6 the semicolon the following: “, and the process  
7 by which public feedback can be better inte-  
8 grated into such decisions”; and

9 (F) by striking paragraphs (5) and (6) and  
10 inserting the following:

11 “(5) develop a strategic plan for the conduct of,  
12 and support for, autism spectrum disorder research  
13 and services and supports for individuals with an au-  
14 tism spectrum disorder and the families of such indi-  
15 viduals, which shall include—

16 “(A) proposed budgetary requirements;  
17 and

18 “(B) recommendations to ensure that au-  
19 tism spectrum disorder research, services, and  
20 support activities of the Department of Health  
21 and Human Services and of other Federal de-  
22 partments and agencies are not unnecessarily  
23 duplicative; and

24 “(6) submit to Congress and the President—

1           “(A) an annual update on the summary of  
2           advances described in paragraph (2); and

3           “(B) an annual update to the strategic  
4           plan described in paragraph (5), including any  
5           progress made in achieving the goals outlined in  
6           such strategic plan.”;

7           (2) in subsection (c)—

8           (A) in paragraph (1)—

9           (i) by striking the paragraph heading  
10          and matter preceding subparagraph (A)  
11          and inserting the following:

12          “(1) FEDERAL MEMBERSHIP.—The Committee  
13          shall be composed of the following Federal mem-  
14          bers—”;

15          (ii) in subparagraph (C)—

16               (I) by inserting “, such as the  
17               Administration for Community Living,  
18               Administration for Children and Fam-  
19               ilies, the Centers for Medicare & Med-  
20               icaid Services, the Food and Drug Ad-  
21               ministration, and the Health Re-  
22               sources and Services Administration”  
23               before the semicolon at the end; and

24               (II) by adding at the end “and”;

25          (iii) in subparagraph (D)—

1 (I) by inserting “and the Depart-  
2 ment of Defense” after “Department  
3 of Education”; and

4 (II) by striking at the end “;  
5 and” and inserting a period; and

6 (iv) by striking subparagraph (E);

7 (B) in paragraph (2)—

8 (i) in the paragraph heading, by strik-  
9 ing “ADDITIONAL” and inserting “NON-  
10 FEDERAL”;

11 (ii) in the matter preceding subpara-  
12 graph (A), by striking “Not fewer than 6  
13 members of the Committee, or 1/3 of the  
14 total membership of the Committee, which-  
15 ever is greater” and inserting “Not more  
16 than 1/2, but not fewer than 1/3, of the  
17 total membership of the Committee”;

18 (iii) in subparagraph (A), by striking  
19 “one such member shall be an individual”  
20 and inserting “two such members shall be  
21 individuals”;

22 (iv) in subparagraph (B), by striking  
23 “one such member shall be a parent or  
24 legal guardian” and inserting “two such

1 members shall be parents or legal guard-  
2 ians”; and

3 (v) in subparagraph (C), by striking  
4 “one such member shall be a representa-  
5 tive” and inserting “two such members  
6 shall be representatives”; and

7 (C) by adding at the end the following:

8 “(3) PERIOD OF APPOINTMENT; VACANCIES.—

9 “(A) PERIOD OF APPOINTMENT FOR NON-  
10 FEDERAL MEMBERS.—Non-Federal members  
11 shall serve for a term of 4 years, and may be  
12 reappointed for one or more additional 4-year  
13 term.

14 “(B) VACANCIES.—A vacancy on the Com-  
15 mittee shall be filled in the manner in which the  
16 original appointment was made and shall not  
17 affect the powers or duties of the Committee.  
18 Any member appointed to fill a vacancy for an  
19 unexpired term shall be appointed for the re-  
20 mainder of such term. A member may serve  
21 after the expiration of the member’s term until  
22 a successor has been appointed.”;

23 (3) in subsection (d)—

24 (A) by striking paragraph (2); and



1 (B) by redesignating paragraph (3) and  
2 (4) as paragraphs (2) and (3), respectively; and  
3 (4) in subsection (f), by striking “2014” and  
4 inserting “2019”.

5 **SEC. 6. REPORTS.**

6 Section 399DD of the Public Health Service Act (42  
7 U.S.C. 280i–3) is amended—

8 (1) in the section heading, by striking “**RE-**  
9 **PORT**” and inserting “**REPORTS**”;

10 (2) in subsection (b), by redesignating para-  
11 graphs (1) through (9) as subparagraphs (A)  
12 through (I), respectively, and realigning the margins  
13 accordingly;

14 (3) by redesignating subsections (a) and (b) as  
15 paragraphs (1) and (2), respectively, and realigning  
16 the margins accordingly;

17 (4) by inserting after the section heading the  
18 following:

19 “(a) **PROGRESS REPORT.**—”;

20 (5) in subsection (a)(1) (as so redesignated)—

21 (A) by striking “2 years after the date of  
22 enactment of the Combating Autism Reauthor-  
23 ization Act of 2011” and inserting “4 years  
24 after the date of enactment of the Autism  
25 CARES Act of 2014”;

1 (B) by inserting “and the Secretary of De-  
2 fense” after “the Secretary of Education”; and

3 (C) by inserting “, and make publicly  
4 available, including through posting on the  
5 Internet Web site of the Department of Health  
6 and Human Services,” after “Representatives”;  
7 and

8 (6) in subsection (a)(2) (as so redesignated)—

9 (A) in subparagraph (A), (as so redesign-  
10 nated), by striking “Combating Autism Act of  
11 2006” and inserting “the Autism CARES Act  
12 of 2014”;

13 (B) in subparagraph (B) (as so redesign-  
14 nated), by striking “particular provision of  
15 Combating Autism Act of 2006” and inserting  
16 “amendments made by the Autism CARES Act  
17 of 2014”;

18 (C) by striking subparagraph (C) (as so  
19 redesignated), and inserting the following:

20 “(C) information on the incidence and  
21 prevalence of autism spectrum disorder, includ-  
22 ing available information on the prevalence of  
23 autism spectrum disorder among children and  
24 adults, and identification of any changes over

1 time with respect to the incidence and preva-  
2 lence of autism spectrum disorder;”;

3 (D) in subparagraph (D) (as so redesign-  
4 nated), by striking “6-year period beginning on  
5 the date of enactment of the Combating Autism  
6 Act of 2006” and inserting “4-year period be-  
7 ginning on the date of enactment of the Autism  
8 CARES Act of 2014 and, as appropriate, how  
9 this age varies across populations subgroups”;

10 (E) in subparagraph (E) (as so redesign-  
11 nated), by striking “6-year period beginning on  
12 the date of enactment of the Combating Autism  
13 Act of 2006” and inserting “4-year period be-  
14 ginning on the date of enactment of the Autism  
15 CARES Act of 2014 and, as appropriate, how  
16 this age varies across populations subgroups”;

17 (F) in subparagraph (F) (as so redesign-  
18 nated), by inserting “and, as appropriate, how  
19 this average time varies across populations sub-  
20 groups” after “disabilities”;

21 (G) in subparagraph (G) (as so redesign-  
22 nated)—

23 (i) by striking “including by various  
24 subtypes,” and inserting “including by se-  
25 verity level as practicable,”; and

1 (ii) by striking “child may” and in-  
2 serting “child or other factors, such as de-  
3 mographic characteristics, may”; and

4 (H) by striking subparagraph (I) (as so re-  
5 designated), and inserting the following:

6 “(I) a description of the actions taken to  
7 implement and the progress made on implemen-  
8 tation of the strategic plan developed by the  
9 Interagency Autism Coordinating Committee.”;  
10 and

11 (7) by adding at the end the following new sub-  
12 section:

13 “(b) REPORT ON YOUNG ADULTS AND  
14 TRANSITIONING YOUTH.—

15 “(1) IN GENERAL.—Not later than 2 years  
16 after the date of enactment of the Autism CARES  
17 Act of 2014, the Secretary of Health and Human  
18 Services, in coordination with the Secretary of Edu-  
19 cation and in collaboration with the Secretary of  
20 Transportation, the Secretary of Labor, the Sec-  
21 retary of Housing and Urban Development, and the  
22 Attorney General, shall prepare and submit to the  
23 Committee on Health, Education, Labor, and Pen-  
24 sions of the Senate and the Committee on Energy  
25 and Commerce of the House of Representatives, a

1 report concerning young adults with autism spec-  
2 trum disorder and the challenges related to the tran-  
3 sition from existing school-based services to those  
4 services available during adulthood.

5 “(2) CONTENTS.—The report submitted under  
6 paragraph (1) shall contain—

7 “(A) an overview of policies and programs  
8 relevant to young adults with autism spectrum  
9 disorder relating to post-secondary school tran-  
10 sitional services, including an identification of  
11 existing Federal laws, regulations, policies, re-  
12 search, and programs;

13 “(B) demographic characteristics of youth  
14 transitioning from school-based to community-  
15 based supports;

16 “(C) proposals on establishing best prac-  
17 tices guidelines to ensure—

18 “(i) interdisciplinary coordination be-  
19 tween all relevant services providers receiv-  
20 ing Federal funding;

21 “(ii) coordination with transitioning  
22 youth and the family of such transitioning  
23 youth; and

24 “(iii) the inclusion of the transitioning  
25 youth’s Individualized Education Program

1 as prescribed in section 614 of the Individ-  
2 uals with Disabilities Education Act (20  
3 U.S.C. 1414);

4 “(D) comprehensive approaches to  
5 transitioning from existing school-based services  
6 to services available during adulthood, includ-  
7 ing—

8 “(i) services that increase access to,  
9 and improve integration and completion of,  
10 post-secondary education, peer support, vo-  
11 cational training (as defined in section 103  
12 of the Rehabilitation Act of 1973 (29  
13 U.S.C. 723)), rehabilitation, self-advocacy  
14 skills, and competitive, integrated employ-  
15 ment;

16 “(ii) community-based behavioral sup-  
17 ports and interventions;

18 “(iii) community-based integrated res-  
19 idential services, housing, and transpor-  
20 tation;

21 “(iv) nutrition, health and wellness,  
22 recreational, and social activities;

23 “(v) personal safety services for indi-  
24 viduals with autism spectrum disorder re-

1           lated to public safety agencies or the crimi-  
2           nal justice system; and

3           “(vi) evidence-based approaches for  
4           coordination of resources and services once  
5           individuals have aged out of post-secondary  
6           education; and

7           “(E) proposals that seek to improve out-  
8           comes for adults with autism spectrum disorder  
9           making the transition from a school-based sup-  
10          port system to adulthood by—

11          “(i) increasing the effectiveness of  
12          programs that provide transition services;

13          “(ii) increasing the ability of relevant  
14          service providers to provide supports and  
15          services to underserved populations and re-  
16          gions;

17          “(iii) increasing the efficiency of serv-  
18          ice delivery to maximize resources and out-  
19          comes, including with respect to the inte-  
20          gration of and collaboration among services  
21          for transitioning youth;

22          “(iv) ensuring access to all services  
23          necessary to transitioning youth of all ca-  
24          pabilities; and

1                   “(v) encouraging transitioning youth  
2                   to utilize all available transition services to  
3                   maximize independence, equal opportunity,  
4                   full participation, and self-sufficiency.”.

5 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

6           Section 399EE of the Public Health Service Act (42  
7 U.S.C. 280i-4) is amended—

8                   (1) in subsection (a), by striking “fiscal years  
9                   2012 through 2014” and inserting “fiscal years  
10                  2015 through 2019”;

11                  (2) in subsection (b), by striking “fiscal years  
12                  2011 through 2014” and inserting “fiscal years  
13                  2015 through 2019”; and

14                  (3) in subsection (c), by striking “\$161,000,000  
15                  for each of fiscal years 2011 through 2014” and in-  
16                  serting “\$190,000,000 for each of fiscal years 2015  
17                  through 2019”.